

AO 240 (Rev. 9/96)

12-21-00

United States District Court

SAMSON OMOSEFUMI
Plaintiff

v.

YORK COUNTY PRISON, THOMAS HOGAN, ET AL.
Defendant

DISTRICT OF

1: CV 00-2228

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITFILED
SCRANTONRECEIVED
SCRANTON
DEC 21 2000

DEC 21 2000

CASE NUMBER:

PER

DEPUTY CLERK

MARY E. D'ANDREA, CL
PER
DEPUTY CLERKI, SAMSON OMOSEFUMI

declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration YORK COUNTY PRISON, 3400 CONCORD RD, YORK, PA.

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

9-7-93, SELF-EMPLOYED, TUCKER ST. AUTO SALES
165 TUCKER ST.
FALL RIVER, MA, 02722

3. In the past 12 months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive. \$6.00, BALANCE OF INMATE ACCOUNT FROM H.

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.